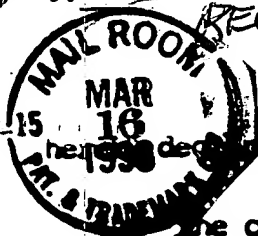


Applicant or Patentee: S. Bogoch Attorney:
Serial or Patent No.: Docket No.:
Filed or Issued:



RECOGNIN VACCINES
VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS
(37 CFR 1.9(f) and 1.27(c)) - SMALL BUSINESS CONCERN

I hereby declare that I am ✓

the owner of the small business concern identified below:

☒ an official of the small business concern empowered to act on behalf of the concern identified below:

NAME OF CONCERN Brain Research, n.v.

ADDRESS OF CONCERN A. S. K. 40 CEDAR AVE.

HAMILTON, Bermuda

I hereby declare that the above identified small business concern qualifies as a small business concern as defined in 13 CFR 121.3-18, and reproduced in 37 CFR 1.9(d), for purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States Code, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

I hereby declare that rights under contract or law have been conveyed to and remain with the all business concern identified above with regard to the invention, entitled

RECOGNIN VACCINES by inventor(s)
S. Bogoch

scribed in

☒ the specification filed herewith,
☐ application serial no. , filed
☐ patent no. , issued

the rights held by the above identified small business concern are not exclusive, each individual, concern or organization having rights to the invention is listed below* and no rights to the invention are held by any person, other than the inventor, who could not qualify as a small business concern under 37 CFR 1.9(d) or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e). *NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

NAME Brain Research, Inc.
ADDRESS 46 E. 91st St., New York, New York 10028
☐ INDIVIDUAL ☒ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

NAME
ADDRESS
☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

the power to control both.

I hereby declare that rights under contract or law have been conveyed to and remain with the all business concern identified above with regard to the invention, entitled

RECOGNIN VACCINES

S. Bogoch

by inventor(s)

scribed in

☒ the specification filed herewith

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NAME Brain Research, Inc.

ADDRESS 46 E. 91st St., New York, New York 10028

☐ INDIVIDUAL

☒ SMALL BUSINESS CONCERN

☐ NONPROFIT ORGANIZATION

NAME _____

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING

Samuel Bogoch

TITLE OF PERSON OTHER THAN OWNER

President - Brain Research, n.v.

ADDRESS OF PERSON SIGNING

A.S.K. 40 CEDAR AVE.

HAMILTON, Bermuda

SIGNATURE

Samuel Bogoch

DATE March 12, 1993

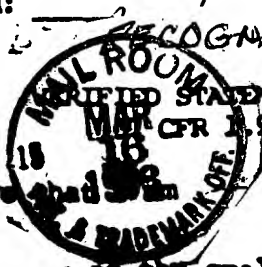
Application or Patent No.:

Filed or Issued:

Class:

S. Bogoch

Docket No.:



RECOGNIN VACCINES

VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS
37 CFR 1.9(f) and 1.27(c) - SMALL BUSINESS CONCERN

I hereby declare that I am

- ☐ the owner of the small business concern identified below:
☒ an official of the small business concern empowered to act on behalf of the concern identified below:

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RECOGNIN VACCINES by inventor(s)
S. Bogoch

scribed in

- ☒ the specification filed herewith
application serial no. _____, filed _____
☐ patent no. _____, issued _____

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NAME Brain Research, n.v.
ADDRESS A.S.K. 40 CEDAR AVE. 14 A MILTON Bermuda
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ADDRESS _____
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number of employees of the concern, including those of its affiliates, and the number of persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

I hereby declare that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention, entitled RECOGNIN VACCINES by inventor(s) S. Bogoch

described in

☒ the specification filed herewith application serial no. _____, filed _____, issued _____
☐ patent no. _____

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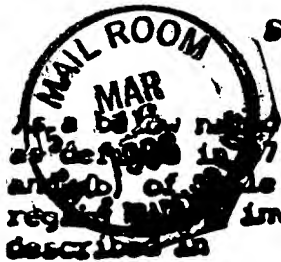
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING Elenore Bogoch
TITLE OF PERSON OTHER THAN OWNER President, Brain Research, Inc.
ADDRESS OF PERSON SIGNING 46 E. 91st St., New York, New York 10028

SIGNATURE Elenore S. Bogoch DATE 4 March 12, 1993

RECOGNITION VACCINES

VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY
STATUS (37 CFR 1.9(f) and 1.27(b)) - INDEPENDENT INVENTOR



I, a named inventor, I hereby declare that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States Code, to the Patent and Trademark Office with regard to my invention entitled _____ described in _____

- ☒ the specification filed herewith
☐ application serial no. _____, filed _____
☐ patent no. _____, issued _____

I have not assigned, granted, conveyed or licensed and am under no obligation under contract or law to assign, grant, convey or license, any rights in the invention to any person who could not be classified as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

- ☐ no such person, concern, or organization
☒ persons, concerns or organizations listed below

*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

FULL NAME Brain Research, Inc.
ADDRESS 46 E. 91st St., New York, New York 10028
☐ INDIVIDUAL ☒ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

FULL NAME Brain Research n.v.
ADDRESS A.S.K. 40 CEDAR AVE, HAMILTON, Bermuda
☐ INDIVIDUAL ☒ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

- ☐ no such person, concern, or organization
☒ persons, concerns or organizations listed below

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FULL NAME Brain Research, Inc.

ADDRESS 46 E. 91st St., New York, New York 10028

☐ INDIVIDUAL ☒ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

FULL NAME Brain Research n.v.

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Samuel Bogoch

NAME OF INVENTOR

NAME OF INVENTOR

NAME OF INVENTOR

Signature of Inventor

Signature of Inventor

Signature of Inventor

Date

Date

Date

March 12, 1993

DECLARATION FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled the specification of which

(check one) ☒ is attached hereto.

☒ was filed on

March 15, 1993

as Application Serial No.

and was amended on

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s)

Priority Claimed

(Number)	(Country)	(Day/Month/Year Filed)	<input type="checkbox"/> Yes <input type="checkbox"/> No
(Number)	(Country)	(Day/Month/Year Filed)	<input type="checkbox"/> Yes <input type="checkbox"/> No
(Number)	(Country)	(Day/Month/Year Filed)	<input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application.

(Application Number) (Filing Date) (Status - patented, pending, abandoned)

(Application Number) (Filing Date) (Status - patented, pending, abandoned)

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Address all telephone calls to at telephone number

Address all correspondence to

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor (given name, family name)

SAMUEL BOGOCH

Inventor's signature

Samuel Bogoch

Date

March 15, 1993

Residence

Bermuda and C.K.

Citizenship

CANADIAN

Post Office Address

46 East 91st Street
New York N.Y. 10028

Full name of second joint inventor, if any (given name, family name)

Second inventor's signature

Date

Residence

Citizenship

Post Office Address